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Safe Kids Fulton County: A Program Evaluation

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B.S. Kennesaw State University, 2012

A Capstone Submitted to the Graduate Faculty of Georgia State University in
Partial Fulfillment of the Requirements for the Degree

Master of Public Health

Georgia State University

Safe Kids Fulton County: A Program Evaluation

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Table of Contents

Chapter I: Introduction	4-7
1.1 Background	4-6
1.2 Purpose of Study	6-7
1.3 Evaluation Questions	7
Chapter II: Literature Review	8-16
2.1 Child Passenger Safety in the United States and Georgia Laws	8-9
2.2 Child Passenger Safety and Demographic Characteristics	9-11
2.3 Barriers and Child Passenger Safety	11-13
2.4 Benefits of Child Restraint Information Courses	13-15
2.5 Benefits of Program Evaluations	15
2.6 Literature Review Summary	15-16
Chapter III: Methodology	17-24
3.1 Program Sectors, Purpose and Mission	17
3.2 Program Implementation	17-18
3.3 Program Methodology Details	18-19
3.4 Conducted Methods	19-20
3.5 Demographic and Characteristics of Population	20-22
3.6 Program Data	22
3.7 Program Measures	22-23
3.8 Program Logic	23-24
Chapter IV: Results	24-28
4.1 Rate of Courtesy and Professionalism of the Staff	25
4.2 Rate Ease of Access for Information Needed	25-26
4.3 Valuable Information	26
4.4 Meeting Staff	26
4.5 Overall Experience	26-27
4.6 Recommendation of Program	27
4.7 Changes, Thoughts, and Suggestions	27-28
Chapter V: Discussion and Conclusion	29-34
5.1 Discussion	29-32
5.2 Strengths and Weaknesses	32-33
5.3 Conclusion	33-34
Appendix:	35-40
Table 1.0	35
Table 2.0	36
Table 3.0	37
Table 4.0	38
Figure 1.0	39
Figure 2.0	40
References	41-42

CHAPTER ONE INTRODUCTION

1.1 Background

Unintentional injuries are defined as injuries that occur without a harmful intent and can include events such as falls, poisoning, and motor vehicle crashes.¹ Unfortunately, in some situations, unintentional injuries lead to death. Unintentional injuries occur most often in children during a developmental point in time where they are cognitively progressing and developing.² They risk the highest chances for an injury to occur to during this period of life.² Motor vehicle deaths are the leading cause of death during the first three decades of life for those living in the United States.³ However, unintentional injuries can be prevented. In recent decades, significant advances have been made in the technology around preventing unintentional injuries, particularly those in motor vehicles for children. Advances in child passenger safety, including car seats and child safety laws, have decreased the motor vehicle death rate in the United States. It has been shown that 90% of injuries can be prevented and a large body of literature indicates strong relationships between unintentional injury, motor vehicle deaths, and child passenger safety.⁴ With that knowledge, there are still subgroups in the population who fail to implement these advances.

Global Concern

Unintentional injury attributed to motor vehicle crashes and child passenger safety has proven to be a global issue and public health concern. Worldwide it is reported that 830,000 children die from unintentional injury every year.⁵ Of these deaths, approximately 260,000 deaths are in conjunction with motor vehicle crashes.⁵ Another 10 to 30 million children and

adults are affected by non-fatal deaths in correlation with motor vehicle crashes.² According to the Centers for Disease Control and Prevention (CDC), one of the leading cause of death for children in the United States ages 5 to 18 is unintentional motor vehicle death.² In 2011, the CDC reported that in the United States almost 200,000 children were injured in motor vehicle crashes while 650 children, age 12 and younger, died from unintentional injury in motor vehicle crashes.⁶ It was also reported that 33% of children that died in the motor vehicle crashes were not properly administering child passenger safety laws regarding booster seats or seat belts.⁶

Injury and the Southeastern United States

The Southeast region of the United States has had some of the highest unintentional death rates out of the country. The leading states include Arkansas, Alabama, Florida, South Carolina, Tennessee, Kentucky and Georgia.² The United States unintentional injury average death rate due to motor vehicle crashes is approximately 9.8 per 100,000 population in 2006. Georgia exceeds the average at approximately 11.5 per 100,000 population. Georgia's rate is consistently above the average death rate in the southern states, which has contributed in the continuation of Southeast's lead position for unintentional death rates region for multiple decades.² Georgia had over 300,000 motor vehicle crashes from 2003-2008 every year.⁷ Of the Georgia counties, Fulton County is the most heavily populated in the state and contributed to over 45,000 of those crashes every year also from 2003-2008.⁷ It was also reported that in 2013 in Fulton County Georgia, 19 fatalities occurred in motor vehicle crashes due to lack of proper restraint.⁸ Also in Georgia, 15 fatalities occurred for children age 0-4 years old due to lack of proper restraint from 2008-2012.⁹ Due to the diversity in socioeconomic status, cultural, educational backgrounds and large contribution to the total number of motor vehicle crashes found in Georgia, a coalition was

developed for Fulton County residents to fulfill the need of an outreach program combating unintentional injury.

Safe Kids Background

Safe Kids Worldwide began over twenty years ago with the aim to reduce unintentional injury by helping consumers make informed decisions by providing information on safety concerns and significant life events.¹⁰ It was founded in 1987 by the Children's National Medical Center and Johnsons and Johnson. Safe Kids Worldwide consists of 450 coalitions for unintentional injury regarding poison control, fire and home safety and child passenger safety. Safe Kids can be found in 16 countries with the common goal of reducing and preventing unintentional injury. In the United States, there are 300 Safe Kids Coalitions found in all 50 states. All coalitions strive to provide education and relay prevention methods through educating adults and children, conducting research and creating safe environments. This strategy has led to Safe Kids helping to reduce 40% of the injury death rate in the United States.¹¹ Safe Kids Fulton County is a branch of Safe Kids Worldwide and has thrived in implementing the Child Passenger Safety Course (CPSC), which serves in all of Fulton County in Georgia.¹² The CPSC partners with the Fulton County Department of Health and Wellness to implement evidence-based programs on safety workshops, hands-on training and educational courses based on the county needs.^{10,12}

1.2 Purpose of Study

The purpose of this study is to evaluate the Child Passenger Safety Course (CPSC), which is administered by Safe Kids Fulton County Child Passenger Safety Coalition. This

evaluation will provide insight into how the program is implemented if the participants are being reached as intended and the participant's reactions to what the course has to offer. Using client satisfaction surveys administered following the CPSC, data analysis will answer several key questions about the course itself and will assist in providing recommendations to Safe Kids Fulton County program to strengthen their programming. This evaluation will aid Safe Kids Fulton County in their efforts to continue the decrease of unintentional child injury.

1.3 Evaluation Questions

The study will seek to answer the following questions:

- a) What are the participant's feelings towards the Child Passenger Safety Course staff, in regards to their courtesy, professionalism and demeanor, based on the recorded answers from the Client Satisfaction Survey?
- b) What are the participants feelings regarding their experience in the Child Passenger Safety Course, based on the recorded answers from the Client Satisfaction Survey?
- c) What are some recommendations and input that the participants have suggested for future courses after completion of the Child Passenger Safety Course, based on recorded answers from the Client Satisfaction Survey.
- d) What are the participants recorded feelings, based on the Client Satisfaction Survey answers, regarding the value of the information and ease of information access from the Child Passenger Safety Course?

CHAPTER TWO

LITERATURE REVIEW

2.1 Child Passenger Safety in the United States and Georgia Laws

Child safety laws have been in place in all 50 states in the US for over 25 years.¹³ However, the United States has remained one of the leading nations to have a high infant mortality rate due to motor vehicle crashes. As close as 1960 the United states still ranked in the top fifteen internationally for infant mortality rates.¹⁴ While children living in rural areas have a significantly higher risk for unintentional injury-related death than in urban areas, children who are improperly restrained are at a greater risk for injury and death.¹⁵ Each year children between the ages of 1-4 are dying from unintentional injuries and their leading cause is motor vehicle crashes.¹⁵ The death rate from injuries due to motor vehicle crashes is higher than the death rates due to disease for children age 10 to 18.^{5,15} With these staggering rates in mind, 38 states in 2006 altered their child passenger safety laws to greater increase the use of preventative measures to decrease injuries and death attributable to motor vehicle crashes.³ These preventative measures include child passenger restraint, the use of some type of car seat or booster seats until age ten versus age six and also a graduated drivers license.^{5,15}

The National Highway Traffic Safety Administration reported that the use of proper vehicle child restraints can reduce the risk of death by 54% in toddlers and 71% in infants.¹⁶ A study conducted by Safe Kids USA in 2002, reported that over 60% of children in vehicles that were stopped for inspection were restrained incorrectly and over 30% of the children were in the wrong restraint for their age and weight.¹⁷ Due to this information, Georgia has made several changes over the years to attempt to decrease the number of child fatalities associated with motor

vehicles. In 2004, Georgia implemented a law that required children under age six to be restrained in a device in accordance with their height and weight.⁵ Effective July 2011, children under eight must now be properly secured in an approved car seat or booster seat in accordance with height and weight. According to Georgia Highway Safety, the car seat is required to meet federal standards and must be installed properly and failing to meet these standards will bring fines and points on the violator's driver's license.¹⁸

2.2 Child Passenger Safety and Demographic Characteristics

Race

Demographic characteristics of parents or caregivers and proper use of child restraints have several different findings when looking at race, age and gender. In several studies, race/ethnicity has been recognized as a factor in variations among child safety and unintentional injury and death rates.^{5,14,15,19} For children under age 14, African American, American Indian and Hispanic children have been shown to experience the highest rate of unintentional injury and death.¹⁵ In comparison to Caucasian children, African American children have a one and half times higher unintentional injury death rate. Children of Asian descent also have a higher infant mortality rate than Caucasian children.¹⁴ Lane and colleagues study (2000) reported that Asian participants had fewer installation errors than Caucasian parents when installing car safety seats in regards to the study on hands-on instruction and proper safety seat installation.

A study conducted by Robinson and colleagues (2002) also supported the relationship between car seat safety knowledge and race. The study contained a sample of 688 participants who were asked to select the correct car seat installation demonstration from three different pictures. The correct picture was chosen by 61% of the participants. The Caucasian parents were

more likely to select the correct picture when compared with African American parents. A Safe Kids USA study in 2002, with a sample size of 9,332 children, also reported that minority children were more likely to be unrestrained than Caucasian children (23%, 10% respectively).¹⁷

Gender

Gender is one of the least reported demographic factors in child passenger safety research. In studies that do analyze gender, females have the higher rate of knowledge concerning child passenger safety in comparison to males.²⁰ Safe Kids World Wide reports that for all age males are significantly higher risk than females for unintentional death and injury rates.¹⁷ Specifically for ages 0-14, males account for 61% of all unintentional injury-related deaths in the United States. Strasser et al. (2010) reports that females (79.8%) are more likely to use and install car restraints properly when compared to men (75.0%).⁵ This is attributed to the fact that male's caregivers are considered to be less aware of proper installation and less likely to accept help or receive proper educational training on car seat safety than women as reported by Snowden et al. (2009).²⁰

Age

Several studies have reported that increased parental or caregiver age are associated with increased rates of proper child passenger restraint installation and usage.^{5,19,21} In a study conducted by Robinson et al. (2002), involving 688 parents visiting inner city obstetrics clinics, age was associated with effective use of child restraints. The findings of the study showed that knowledge of the correct car seat installation was associated with age ($p=.047$). Parents over the

age of 22 were more likely to appropriately identify correct car seat installation than parents who were younger.²²

Snowdon et al (2008) also corroborated that increased parental age and knowledge through their study. The study, using a sample of 1,263 participants in Ontario, Canada, reported predictors of child restraint misuse. The study determined that caregiver's age does have an effect on proper child safety utilization. The age of participants ranged from 25-49 with a majority over the age of 36. Findings reported that as participants increased in age the rates of proper installation use increased as well.²⁰

In a study conducted by Strasser et al. (2010), elicit caregiver baseline information of car seat installation and regulation was examined. A survey was distributed by Safe Kids Cobb County over an eight week period with ten knowledge based questions. The study reported no correlation between age and child passenger safety knowledge. However, the study reported that this was due to the 71% of the population being under the age of 34. Had the majority of the population been older, the study predicted that there would have been a correlation.⁵

2.3 Barriers and Child Passenger Safety

A variety of studies has revealed that there are several barriers between parents or caregivers and child passenger safety.^{13,23,20} These barriers range from parenting style to simply not knowing or caring to match the child's correct height and weight with new seats.²³ This is strongly associated with a lack of awareness, which as previously stated is strongly associated with male caregivers. Situation circumstances largely determine the parent or caregiver's ability to protect their child.

A study conducted by Wegner et al. (2003) measured the required reading level for a child passenger safety seat installation instructions and compared them with readability levels among different child passenger safety seats. The aim of the study was to determine how low-cost safety seats installation instructions compare to low-income parent's education levels. The findings showed that the readability level of the safety seat instruction was between a 7th and 12th-grade reading level, which was above the reading levels of most American consumers. This study also found that more errors in car seat installation were seen in low-income areas and the authors determined that in order to increase the number of properly installed safety seats, the reading level on the installation manuals must be lowered to accommodate for all education levels of consumers.²⁴ Bruce et al. (2011) also supports this in stating that parents with lower income and educational level report lower rates of child safety seat use in comparison with those of higher socioeconomic status.²³

Argan et al. (2006) conducted a study on the challenges associated with child passenger safety seats for a Latino population. The study sample was 86% Latino, 45% Spanish speaking and 55% of the sample had an annual income less than 30,000 per year. The sample included 132 parents who had previously been cited for child safety violation of law with children 12 to 47 months in age. The study utilized four subscales including, child (i.e. resisting getting out of seat), crowding/inconvenience (i.e. seat taking up to much space), parental busyness and vehicle characteristics. The study's finding revealed that child behaviors, such as refusal to get into seat or resisting, as well as crowding/inconvenience, including too many passengers and safety seat taking up to much room, were related to nonuse of child safety seats. Child negotiability as a parenting style played strongly into these results.²³ The study concluded that only 59% of parents used a child safety seat every time they traveled simply due to avoiding hassle with the child.²⁵

2.4 Benefits of Child Restraint Information Courses

In the United States, correct installation and utilization rates of child passenger safety seats and laws vary dramatically. It has been reported that correct installation rates range from as low as 17% to as high as 72%.⁵ Due to this large gap, the benefits of child restraint information courses being offered is vital to address those who do not follow and misinterpret laws and installation practices. Studies conducted by Strasser et al. (2010) and Will et al. (2009) have shown that intervention strategies and training courses have the influence and resources to reduce and prevent unintentional injury or death. Informative courses and child safety programs conducted with educational portions, law enforcement check points, and hands-on components have proven to be the most efficient. In the evaluation conducted by Will et al (2009) on a child safety program, after participants completed a child safety educational course, changes in the caregivers' perceptions of child risk, safety knowledge and behavioral intention significantly increased.²⁶ The program also showed a video which dramatized real life scenarios where children were not restrained properly. The sense of fear and view of safety concern and action also significantly increased. The National Safety Council also includes tutorial and other videos in their National Child Passenger Safety Board educational component with the same effects. They show that curriculum videos along with curriculum resources and inspection station provide additional options to reach a more diverse crowd than when not included.²⁷

In a study conducted by Strasser et al (2010), caregiver knowledge was assessed prior to receiving information and hands-on help from certified technicians at an Inspection Station. The results showed that without participation in a supplementary course, less than half (43.2%) of the caregivers were aware of Georgia children safety laws for children under the age of six.⁵ Also

less than a quarter (29.6%) were aware of how to properly strap in and tighten a child in the car seat. These two studies demonstrate the substantial effect that a child safety course can have and also provide a good representation of how low child safety knowledge levels can remain without an intervention.

A study conducted by Tessier et al. (2010) evaluated the effectiveness of a hands-on educational intervention for correct child restraint. The study divided participants into control and intervention groups for those participating in the safety course and those who were not. The course included a standardized education session on safety and a demonstration and return demonstration of child passenger restraints. The findings included the intervention group was four times more likely to correctly use and install a car seat. Also, the rate of installation errors was less than half (33%) for the intervention group when compared to the control. The researchers recommended that the study be replicated in different locations with multiple demographics to further assess the impact on those with diverse socio-economic status and other factors. The study concluded that the hands-on educational intervention caused the proper use of a child passenger restraint and safety knowledge to increase significantly.¹³

Another study conducted by Lane et al. (2000) supported the benefits of having a hands-on educational program to teach parents the correct way to install child safety seats. The cross-sectional study was conducted on parents who had children less than two years old. The results concluded that only 6.4% of those included in the study had correctly installed the car safety seat. Findings from the study concluded that those who received hands-on instruction were associated with fewer errors in car seat safety installation and that hands-on training decreases the total amount of installation errors from parents with increased age.¹⁹

2.5 Benefits of Program Evaluations

Evaluations are conducted for various purposes and benefits. First and foremost, evaluations benefit participants by informing future revisions to programmatic content in order to strengthen the program for those who enroll in future courses. Evaluations often allow the insight of many to advise in assessing and adding to programs that can benefit and change communities. The CDC officially defines program evaluation as “the examination of the worth or merit of any set organized activities supported by a set of resources to achieve a specific or intended result.”²⁸ There are many benefits to conducting a program evaluation on an interactive child safety educational program. According to the US Office of Development and Research, evaluations provide an opportunity to increase the program’s effectiveness, performance measures and opportunities to share information among other similar programs and organizations.²⁹ The Pell Institute also supports the prior evaluation benefits, in addition to adding credibility to a program and identifying a program’s strengths and weaknesses.³⁰ Program evaluation allows for a clear outside perspective to be given to the coordinator or director to help further the improvement of the program.

2.6 Literature Review Summary

Car seat safety skills and installation are vital for parents and caregivers to adapt for proper protection of children. Lack of knowledge and professional training or assistance often leads to improper installation and safety seat misuse.²³ Child restraint procedures are difficult for most parents to understand. The intervention methods that have proven to be the most successful are multifaceted programs, which include combined education techniques with other course components.^{13, 19} The more diverse portions involved in a safety intervention program, the more

likely it is to reach all demographics of people. It has been shown that age, race, gender and educational level all have effects on child safety.^{5,19,20} Child safety and demographic characteristics, along with effectiveness and parent satisfaction, will be further evaluated in this study.

CHAPTER THREE

METHODOLOGY

3.1 Program Sectors, Purpose and Mission

Safe Kids Worldwide mission is to help consumers make informed decisions by providing information on financial management, safety concerns, and significant life events. Safe Kids Fulton County is a non-profit organization that is currently administrated by the Fulton County Department of Health and Wellness. Safe Kids Fulton County is divided into a Child Passenger Safety Coalition, Poison Coalition, Fire Safety Coalition and Mental Health Coalition. The Child Passenger Safety Coalition conducts monthly courses to help those with or around children gain safety skills, understand safety laws and prevent unintentional injury. The program is conducted by trained coalition leaders, volunteers and safety officials to ensure that safety education increases and unintentional injury rates decrease. Car seat installation, basic safety tips, safety laws and child safety compatibility issues are the primary issues addressed in the course. The course is guided by the educational component followed with demonstrations and concluded by a hand-on participation portion. The Safe Kids Coalitions goal is to save children's lives by developing and conducting programs that reduce or eliminate preventable, unintentional injuries and deaths.^{12,31,32}

3.2 Program Implementation

The data used for this capstone were collected at Safe Kids Fulton County during the Child and Car Seat Safety Inspection Course. These courses are generally offered once a month during a weekday from 12pm-3:30pm. The courses are held at health department offices in Fulton County and can be held at other locations based on a request from community organizations. The funding for these courses comes through grants. The State (Safe Kids

Georgia) and National (Safe Kids Worldwide) offices notify Safe Kids Fulton County when a grant opportunity is present. The grant provides funding for car safety seats to be distributed, free of charge, to the participants after completion of the course. The current grant received, the 2015 Mini Grant, from the Health Department of Georgia, allows for distribution of approximately eight safety seats per class. The participants are often told of the monthly courses from information available at health fairs, Safe Kids website, Georgia Women Infants and Children (WIC) program and word of mouth from previous participants. The free safety seat distribution has been noted as the incentive to attend. No other compensation besides the education and free safety seat is provided to those who attend.

3.3 Program Methodology Details

The Child Passenger Safety Course addresses several safety issues through a multifaceted approach in order to reach a larger audience. The course begins with staff and participant introductions. The environment is meant to be a comfortable learning space and introductions are the used as a gateway for that during the course. Each participant is given a folder containing a Safe Kids Child Passenger Safety pamphlet, two individual Safe Kids handouts, agenda, scratch paper for notes, a pre and post-test and a satisfaction survey. To begin the course, a video is presented entitled “A Crash Course in Child Passenger Safety.” A time allotted for questions follows the video. A PowerPoint presentation follows the video which covers types of child safety seats and correct installation practices. The PowerPoint presentation and pamphlet reiterate the same information. A brief relaxation break is provided for the participants after the presentation component of the course is completed. The “Five Child Safety Musts” are covered after all participants have returned. These are presented in a handout and read aloud by the

Coalition Director. The current Georgia Laws are then covered, also in a handout. Additionally, citation and fine laws are discussed in detail. The staff members then give car seat assembly and installation demonstrations, as a volunteer distributes a free safety seat to those in attendance. To finalize the course, for the participants' who have vehicles at the facility, a hands-on installation of the safety seat is then conducted by the participants and checked by the facilitators. After this component is finished, the participants have completed the course.

3.4 Methods Used in this Project

To achieve the highest level of understanding of what the course offered and to understand the course from the participant's point of view, the author completed the Child Passenger Safety Course, held at the Adamsville Health Center on February 5th, 2015. The course participation was done as an observer along with another graduate student and monitored all activities conducted during the course time. To provide assistance to the coalition director, the author assisted in the distribution and collection of the post-test and Client Satisfaction Survey. This was done when the educational component of the course had been completed. The author observed the course structure and the staff-participant interactions during the course. Following the completion of the in class portion, the author also observed the car seat installation portion of the course. The author observed the Child Passenger Safety Course for a clear understanding of the course structure and presentation methods.

Subsequent to the observations and attendance of the Child Passenger Safety Course, data were collected from the Client Satisfaction Surveys completed following the courses during April 2014 through February 2015. The surveys were collected from the Safe Kids Coalition Director at Fulton County Department of Health and Wellness. The survey data were recorded in

Microsoft Excel. The data included the answers to eight satisfaction questions and four demographic questions for a total of sixty-six surveys, with the identity of the participant, kept anonymously.

Although the data used from the Client Satisfaction Survey were secondary and anonymous, and no funding was provided for the capstone evaluation project, Georgia State University Institutional Review Board approval was needed prior to analyzing the data set. The Institutional Review Board approved for the analysis under the submission type “Exempt Protocol Category 4,” on April 10th, 2015. This exemption required that all data, documents and records recorded by the investigator be done in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects.

Following Institutional Review Board approval, the data were transferred from Microsoft Excel to SPSS version 21.0. Descriptive statistics were run to produce the data results from the Client Satisfaction Survey. Descriptive statistics were chosen for the analysis method because it allows the data to be summarized and shown in a meaningful way, such that counts and percentages for variables, missing variables and patterns are produced from the data. The descriptive statistics were computed for each individual survey question and for all demographic information. Age, gender, ethnicity, class attendance and attendees associated zip codes were all included in the analysis.

3.5 Demographic and Characteristics of Population

From those who took the course from April 2014 to February 2015, sixty-six participants completed the Class, Presentation and Consultation Client Satisfaction Survey. Eight (12%) of the participants were male and 56, 85% were female. Two participants (3%) were unidentified by

gender. The majority of participants were African American followed in Asian. There were 47 (71%) African American participants, 6 (9.1%) Asian participants, 3 (4.5%) Caucasian participants, 2 (3%) multi-racial participants and 1 (1.5%) Latino participant. Seven participants, (10%) were unidentified by race. The age groupings of those enrolled in the course were broken up into five age blocks. The majority of the participants fell between ages 18-25 followed by ages 26-35. It is notable that five out of the eight males that participated, 62% were found in age group 18-25 as well as 23 out of 56 females (41%) were also found in this same age grouping. Three participants (4.5%) were in age group 10-17, 28 participants (42%) were in age group 18-25, twenty-two participants (33%) were in age group 26-35, nine participants (14%) were in age group 36-45 and lastly one participant, 1.5% were in age group 46-55. Three participants (4.5%) were unidentified by age group. The highest number of attended courses was in February 2015. This is largely due to two courses being offered in this month compared to just one course in offered per month during the previous year. In March 2014, 5 participants (7.6%) were present, 7 participants (10.6%) were present in April, thirteen participant (19.7%) were present in May, fifteen participants (22.7%) were present in August, eight participants (12.1%) were present in September and lastly eighteen participants (27.3%) were present in February 2015. The only age group that was present during every month with a course offered was age group 26-35 with their highest attendance from the February sessions with six out of the eighteen (27%) present being from this age group. A total of sixteen different area codes were found to be present for the study population all from surrounding Atlanta areas. The highest attendance came from area code 30349, which is near Union City, Georgia, with eight participants (12%) coming from this area followed by six participants (9%) from area code 30331(suburban Atlanta). Forty-four

participants had an area code attached to their identification while twenty-two were unidentified by the area code. These descriptive characteristics of the population are summarized in Table 1

3.6 Program Data

The data used in this capstone were collected during Safe Kids Fulton County Child and Car Seat Safety Courses, April 2014 to February 2015 and a total of eight safety courses. At the conclusion of the Child and Car Seat Safety Course, two evaluation forms were given distributed to program participants. They included a Child Passenger Safety Post-test and a Class Presentation and Consultation Client Satisfaction Survey. For the purpose of this study, only the Class, Presentation and Consultation Client Satisfaction Survey were analyzed. The name and phone contact information was kept anonymous for each survey turned in. The demographics of the participants that were used included gender, race, age and zip code. The brief survey was given prior to the final portion of the safety course. The eight question survey was given to parents as a way to understand their satisfaction levels regarding staff, information obtained, and overall experience and future recommendations for the course. An additional three questions were asked regarding age, sex and race. The survey was administered and collected by the Safe Kids Coalition Director and caregivers recorded their own answers. The surveys were printed in English, but a Spanish translator was available to help as needed. Refer to Figure 1.0 for exact survey questions.

3.7 Program Measures

The first six questions of the satisfaction survey provided responses based on a Likert Scale. The Likert Scale is a psychometric scale used in research questionnaires. The first question, “Rate the courtesy and professionalism of the staff,” gave the optional answers for the question included very good, good, fair, poor and very poor. The second question, “How easy was it to gather the information needed,” gave the optional answers very easy, easy, somewhat easy, difficult and very difficult. The third question, “I obtained valuable information,” provided the response options strongly agree, agree, somewhat agree, disagree and strongly disagree. The fourth question, rate the staff, and fifth question, rate the overall experience, gave the optional responses of very good, good, fair, poor and very poor. The final Likert scale question, I would recommend this presentation to friends and family, provided the choices of very good, good, fair, poor and very poor. The final two questions of the survey were qualitative.

3.8 Program Logic

In regards to the logic model for the Child Passenger Safety Class Agenda, Figure 2.0, the main outputs are health promotion and education of child passenger safety as a public health issue and local concern. These outputs are aimed to be reached through several educational portions, hands-on activities, and class demonstration. The hands-on activities are done through an installation of a car seat demonstrated by the Coalition director. A second hands-on activity was conducted by the parents and caregivers by the installation of the safety seat in their vehicles, if present. There are short, medium and long-term outcomes that the Child Passenger and Car Seat Safety Course intends to fulfill. The short-term outcomes are aimed largely at increasing knowledge for car seat installation and correct child safety based on age, weight and

height. The middle terms outcomes are intended to be reached within a two to five year period of the program. The majority of the goals focus on continuing child passenger safety as the child continues to change in age, weight and height and making appropriate safety decisions based on these changes that coincide with Georgia Law. The long-term outcomes are focused on lowering unintentional death rates regarding vehicle and passenger safety, reducing death rates related to passenger safety and increasing the continued rate of child passenger safety usage.

CHAPTER IV

RESULTS

The results in Chapter IV present findings from the Class, Presentation and Consultation Client Satisfaction Survey. The findings are displayed in Appendix 1, Tables 1 and 2. The main objective of this study was to understand how the participants felt about the overall satisfaction of the Child Passenger Safety Course in regards to the staff, information given, and recommendations for the future courses. The Client Satisfaction Survey was also given to understand what demographics are the most prevalent among the course participants.

4.1 Rate of Courtesy and Professionalism of the Staff

For this question, three people (4.5%) answered “good,” while the other sixty-three people (95.5%) answered “very good.” For the participants in age groups, 10-17, 35-45 and 46-55 all responded 100% with “very good.” The small variation of answers is found in the age groups 18-25 and 26-35. Of those who answered in age group 18-25, two participants out of the twenty-eight that responded (7.1%) answered with “good.” Of those who answered in age group 26-35, one out of the twenty-two that responded (4.5%) answered with “good” as well.

4.2 Rate Ease of Access for Information Needed

Fifty-three (80.3%) of the participants rated the course as “very easy.” Eleven participants (16.7%) rated the course as “easy,” and lastly the remaining two participants (3.0%) rated the course as easy. The majority of the diversity came from age groups 26-35 and 36-45, who were the only two age groups who recorded “somewhat easy” as an answer selection. One

participants out of the twenty-two that answered from age group 26-35 (4.5%) answered with “somewhat easy,” and one participants out of the nine that answered for the 36-45 age group (11%) also answered with “somewhat easy.” The two participants that responded with “somewhat easy,” were both African American females.

4.3 Valuable Information

For this question, eight of the participants responded with the answer “strongly agree,” (12.1%) and 58 (87.9%) answered with “agree.” The largest response of “strongly agree,” came from age group 18-25 where twenty-seven out of the twenty-eight participants that answered (96.4%) responded with this.

4.4 Meeting Staff

Sixty-one (92.4%) of the participants rated the staff as “very good.” Three participants (4.5%) rated the staff as “good.” Two outliers were found based on the recorded answers for this question. Two participants (3%) rated the staff with the optional answer “poor.” Both “poor” answers came from the Asian ethnic category, one female and one male. The female was in age group 36-45 and the male was in age group 26-35.

4.5 Overall Experience

For this question, every participant (100%) of the answers were rated as either “very good” or “good” for the total sixty-six participants. Sixty participants (90.1%) answered with “very good,” while the other six participants (9.1%) answered with “good.” The majority of those that answered with “very good,” came from the age groups 18-25 and 26-35. Twenty-six

out of the twenty-eight (92.9%) that responded for age group 18-25 responded with “very good,” and nineteen out of twenty-two (86.4%) that responded for age group 26-35 responded with “very good.”

4.6 Recommendation of Program

Of the sixty-six participants in the study, fifty-nine (89.4%) would strongly agree to a recommendation for the program and seven (10.6%) answered with “agree” for recommending the program. Of the eight males participating in the study, six (75%) responded “strongly agree,” and of the fifty-six females that had a recorded answer, fifty-one (91.1%) also answered “strongly agree.” Two participants provided a response to the question but were unidentified by gender.

4.7 Participant Reported Changes, Thoughts, and Suggestions

A qualitative portion was also included as part of the eight questions of the survey. The first question asked for a suggestion on what change could be recommended for the program for the staff and coalition leaders to consider. The second qualitative portion provided room for input, thoughts and suggestions on the course as a whole. Of the sixty-six surveys that were turned in, qualitative feedback for the first question was given on a total of 33 surveys with the other 50% left blank. The qualitative data were grouped into six categories based on similar responses from the 50% that were filled out. Twenty-five surveys, 37.9% of those turned in, recorded that no change needed to be made and reported that the class was more than satisfactory. The responses flowed similarly stating that “Everything is perfect,” “Great Class,” and lastly “Everything was very beneficial.” Several responses were recorded regarding the video that was presented. Four

surveys turned in, 6%, claimed that the video was either “outdated”, “to long” or “needed to be changed”. One survey, 1.5%, in regards to the first qualitative question asked for continued information regarding rear seating, front seating, and clarity on PowerPoint presentations information. Lastly, three surveys, 4.5%, suggested that the length of the class was an issue. Every ethnic group had the response “Nothing needed to be changed,” excluding the multi-racial group. African Americans had a response in all six categories of answers provided but were the only ethnic group to do so. This data is found in Table 3.0.

The second qualitative question requested information based additional input, thoughts, and suggestions. Of the sixty-six surveys turned in, fifty-six, 84.8% were left blank. Of the responses given they could be grouped in four different categories based on the similar responses. The responses were grouped into answers of “No suggestion,” “Learned something new,” “Provided a lot of information,” and “Good job/positive feedback.” Of those that responded, three participants, 4.5% responded with “no suggestions,” two participants, 3%, responded with “learned something new,” four participants, 6.1% responded with “provided a lot of information,” and lastly one participant, 1.5%, responded with “good job.” These data are found in Table 4.0.

CHAPTER V

DISCUSSION AND CONCLUSION

5.1 Discussion

Child safety is a public health concern that needs to be addressed largely through providing easily available and understood information, demonstrations and training. Of the studies mentioned previously, all have noted the dangers and high death rates involved for those who continue to misuse or not implement child safety seats and regulations. This contributes to unintentional injury from motor vehicle crashes, remaining as the leading cause of death for children in the United States.⁵ If effective interventions and educational supplementary courses were implemented worldwide, 1,000 lives could be saved every day.⁵ Child safety courses should be offered weekly to those in need and harsher punishment applied to those who fail to implement proper practices. Harsher punishment should be offered in every county and should include increased fines, ticketing and even jail time for repeat offenders. The importance of safety should be stressed in ways comprehensible by a larger demographic of parents and caretakers. This will increase the safety of children from all socioeconomic backgrounds, increase correct safety seat implementation and decrease unintentional child death rates from motor vehicle crashes.

This study analyzed class participant satisfaction surveys to collect data on understanding the feelings reported about how the program was implemented, the information obtained from the course and future recommendations. The class satisfaction rates based on the survey were high and had little variation. Based on the results presented, participants answered the questions with a majority response of “very good” and “strongly agree.” The recorded results indicated that participants liked the program because they also reported that no changes needed

to made and had very few suggestions for improvement. One noticeable comment that was present for suggested improvements several times was an update on the video and also a shorter video on the highlights of child passenger safety. While this should be taken into consideration, studies have shown that having a video included in the passenger safety program improves the retention rate of information as well as the impact of the course.²⁶ However, only 6% of the participants had this suggestion for improvement, therefore leaving the video integrated into the course will still remain beneficial. Timing was recorded as the most prevalent suggestion for future courses, suggesting that the course be condensed out of respect for the participants allotted time frame during the day. Based on available research findings, having a multifaceted program with several combined educational components, proves to be the most effective for the participants regardless of the extra time spent completing them.¹³ A suggestion to accommodate these complaints could be to rotate the time the course is offered every other month. It could be offered in the afternoon one month, in the evening the next month and in the morning the next, and then repeated. The time of day the class is offered could also be changed with every class that is offered to accommodate those who are unavailable for only the current afternoon time slots. With more time options available for the caregivers, there is potential for increased enrollment in the passenger safety courses.

Based on the evaluations results, the class proved to be a beneficial component to the parents and caregivers knowledge and skill levels. Due to this, increased marketing for the class should be taken into consideration by the Fulton County Department of Health and Wellness. Campaigning and other awareness methods can increase the number of new parents and caregivers enrolling to further educate in the future. A suggestion would be providing further child safety incentives for the participants who have already taken the course that refer others to

future Child Passenger Safety Courses being held by Safe Kids Fulton County. Also, marketing should be targeted differently towards men and women. Due to the overwhelming difference in males and females that participated in the study, different strategies and incentives for male participants should be explored to increase their attendance in future courses. Also, incentives could be provided for those who have completed the course and who refer others to take the course as well. This would increase the enrollment in the course and also help promote the course to others. Examples of incentives that could be distributed are pacifiers, strollers and clothing items. The results also showed that a majority of participants that attended were between 18-25 years old and 36-45 years old. Research has stated increased parental age is associated with increased rates of proper child safety and installation use.⁵ A suggestion for future courses would be to market the class towards a younger demographic of parents because younger parents have lower rates associated with proper car seat installation, use and child safety knowledge. This could be done by advertising at public universities or at clinics such as Planned Parenthood.

The results showed, based on the ethnic/racial breakdown and by recorded zip codes, that the class was reaching those that need the help the most. The study was predominantly attended by African Americans and the zip codes recorded correlated with low SES areas in the Atlanta area. Studies have shown those from low SES areas and minorities have a higher risk to for motor vehicle fatalities, injury and incorrect use of passenger safety tools.^{5,15,20} The study accurately captured the correct demographic of people that potentially need the course the most and will receive the most benefit from their attendance.

A suggestion for the demographic portion of the survey, to provide more power to the survey, would be to have a blank space to record the gender, race and age of the participant. Due

to the sensitive nature of these questions, there may be a tendency to receive inaccurate answers. Providing the participant with the option to fill in their own gender, race, and age could potentially increase the accuracy of the demographics that are recorded. It will also potentially lower the rate of false reporting by allowing the participants to fill in the information without other choices.

5.2 Strengths and Weaknesses

Studies conducted in this manner often face several limitations. The main limitation of the study is the lack of diversity that is present in the sample population. The sample population contained a significantly greater number of female than male participants. Due to the lack of a gender diverse population, the study was not a strong representation of male satisfaction rates for the course. The lack of diversity for racial demographics also poses the same study weakness. With study results largely collected from African Americans, there is a smaller insight to the recorded opinions of other ethnic groups. A majority of the answers for each multiple choice questions were in the “very easy,” “very good,” or “strongly agree” categories. While results like this are desired, it can potentially overestimate the magnitude of association with results that are found. This is also an effect of having a small sample size which is also considered a limitation in itself. The small size, congruity and convenience of the answers to the survey questions are considered an impediment on the study.

Another limitation that can be taken into account is that of self-reported survey response. With self-report survey methodology there is always a chance that participants may falsely report their attitude, beliefs and behaviors. Some participants may consider age and race sensitive questions and could potentially record false answers or leave it blank causing inaccurate and

missing data. Due to the small sample size, false answers or missing data can cause severely skewed results.³³

Providing participants with multiple choice questions also can be considered a limitation. By having six of the eight survey question be answered on a Likert Scale, it could potentially skew the results. By providing a select five choices for the participants, it can lead to undesirable results. The participant may not care about the answer and randomly select whatever option they see first. It could cause the participant to get confused about how they truly feel because they cannot write out what they had originally thought. Also, it could lead to participants leaving the answers blank due to an excess of choices.³³

The study also contained strengths due to the manner in which it was conducted. The benefit of having a small sample size in this particular setting is that it allows for more attention and interaction between the staff, which leads to higher satisfaction ratings on the client satisfaction survey. Due to the small amount of participants that the Child Passenger Safety Courses host, all of the participants questions were answered during the educational component of the course and increased attention was given to each participant during the safety seat installation component.

5.3 Conclusion

Unintentional injury is the leading cause of death in children aged 0-14, with motor vehicle crashes being the number one killer.¹⁵ Each year over 900 children die in motor vehicle crashes in the United States, partly because as many as 73% of safety seats are improperly installed or not used while driving.³⁴ When safety seats are correctly used, they can help reduce the risk of death and injury by 71%.³⁴ Several studies have shown a direct relationship between

caregiver or parental knowledge level increase, increase level of child safety and increase of correct safety seat installation and use with those who participate in a hands-on educational child safety course.^{5,13,19} Because of this information, Fulton County has offered the SAFE Kids program as a resource to increase child passenger safety.

This evaluation found high levels of positive course satisfaction feedback regarding the staff, information obtained, and recommendations for future courses from caregivers or parents who participated in the Fulton County Safe Kids Child Safety Passenger Course. Most importantly, the level of ease to obtain information during the course and the value of the information obtained had high percentages of positive feedback. The information can be used for future courses conducted by Safe Kids Coalitions and other child passenger safety organizations and awareness programs. The results show the appreciation and satisfactions rates of those who had the opportunity to participate in the course.

APPENDIX

Table 1.0 Demographic Characteristics

Variables	Total Sample n (%) N=66
Age	
10-17	3 (4.5)
18-25	28 (42.4)
26-35	22(33.3)
36-45	9 (13.6)
46-55	1 (1.5)
Unidentified by Age	3 (4.5)
Sex	
Male 8	(12.1)
Female 56	(84.8)
Unidentified by Sex	2 (3.0)
Race/ethnicity	
African American	47 (71.2)
Latino	1 (1.5)
Caucasian	3 (4.5)
Multi-Racial	3 (2.0)
Asian	6 (9.1)
Unidentified by Race	2 (3.0)

Table 2.0 Survey Response Data

Variables	Total Sample n (%) N=66
Courtesy and Professionalism	
Good	3(4.5)
Very Good	63 (95.5)
Information Access	
Somewhat Easy	2 (3.0)
Easy	11(16.7)
Very Easy	53 (80.3)
Valuable Information	
Agree	8 (12.1)
Strongly Agree	58 (87.9)
Staff Rating	
Poor	2(3.0)
Good	3(4.5)
Very Good	61 (92.4)
Overall Experience	
Good	6(9.1)
Very Good	60(90.9)
Recommendation	
Agree	7 (10.6)
Strongly Agree	59 (89.4)

***all response options are not shown, only those that had an answer provided**

Table 3.0 Qualitative Data

Variables	Total Sample n(%) N=66
No change and positive feedback	25(37.9)
Changes to video presented	4(6%)
Timing Complaints	3(4.5%)
Information Comments	1(1.5%)
Blank/No response	33(50%)

***all variables are response options provided from the qualitative portion of the Client Satisfaction Survey for the question “What change would you recommend for us to consider.”**

Table 4.0 Qualitative Data

Variables	Total Sample n(%) N=66
No suggestions	3(4.5%)
Learned something new	2(3%)
Information Comments	4(6.1%)
Positive Feedback	1(1.5%)
Blank/No response	56(84%)

***all variables are response options provided from the qualitative portion of the Client Satisfaction Survey for the question “We value you input. Any other comments, thoughts or suggestions.”**

Figure 1.0 – Sample Class, Presentation or Consultation Client Satisfaction Survey



FULTON COUNTY HEALTH SERVICES
CLASS, PRESENTATION, OR CONSULTATION
CLIENT SATISFACTION SURVEY

Program: Safe Kids Fulton County Date: _____

Presentation/Class/Service: Child Passenger Safety Class

1. Rate the courtesy and professionalism of the staff.

☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Very Poor

2. How easy was it for you to get the information you needed?

☐ Very Easy ☐ Easy ☐ Somewhat Easy ☐ Difficult ☐ Very Difficult

3. "I obtained valuable information..."

☐ Strongly Agree ☐ Agree ☐ Somewhat Agree ☐ Disagree ☐ Strongly Disagree

4. "The staff that I met with was..."

☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Very Poor

5. The overall experience was...

☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Very Poor

6. "I would recommend this presentation to friends and family"

☐ Strongly Agree ☐ Agree ☐ Somewhat Agree ☐ Disagree ☐ Strongly Disagree

7. If you could change one thing, what change would you recommend for us to consider?

8. We value your input. Any other comments, thoughts or suggestions?

9. May we contact you for follow-up to this survey? (Optional)

Name: _____ Phone or email: _____

☐ Male ☐ Female ☐ African American/Black ☐ Asian ☐ Latino(a) ☐ White ☐ Multi-Racial/Other

☐ < 18 yrs. old ☐ 18-25 ☐ 26-35 ☐ 36-45 ☐ 46-55 ☐ Over 55 yrs. old

Zip Code: _____

Thanks for your participation in improving our service delivery!

Figure 2.0 Program: Safe Kids: Child Passenger Safety Model

Situation: A collaboration between Safe Kids Organization, Fulton County Department of Health and Wellness and the Georgia Department of Public Health. Providing a structured training Child Passenger Safety Course for uneducated or undereducated individuals around or having children. The participants are on a first come first serve basis and are provided with incentives to complete the course. The course is offered once a month at selected public locations. The evidence based course spans approximately three hours and includes an information, training and hands-on portion on Child Passenger Safety

Inputs	Outputs		Outcomes -- Impact		
	Activities	Participation	Short	Medium	Long
Safe Kids Coalition Coordinator Georgia Department of Public Health Representative Financial grants and proper amount of funding to support the class Fulton County Inspection Stations available to conduct seat belt check Provided public space for class to be held -Car seats provided to give away after class completion -Safe Kids educational information folders - Projector/Video Player -Computer connection for presentation -Curriculum and educational materials Course Leader Training Participants with or around children Collaborative Relationship	Hands-on training to teach how to properly install safety seat based on age, weight and height of specific child Hands-on training to teach how to properly place and strap in child into safety seat Presentation on Georgia Booster Seat Laws Exhibition on the Five Child Safety Seat Checkpoints Hands-on training and demonstrations with the leading brands of child safety seats Video presentation on "A Crash Course in Child Passenger Safety" Installation of Child Safety Seats in participants available vehicles Class, Presentation or Consultation Client Satisfaction Survey Child Passenger Safety Pre-Test Child Passenger Safety Post-Test Data Collection	Core team members with proper training completed Participants who are able to attend monthly courses Student-Teacher interaction Certified Fulton County Inspectors available safety seat inspection at selected locations	0-2 years Increased knowledge of how to safely and properly secure a child into car seat Increased knowledge of how to safely and properly secure a child safety seat into a vehicle Increase interest in obtaining child safety knowledge for other children in the home Aspiration/Motivation to increase other vehicle safety knowledge. Improvement of understanding of Child Passenger Safety based on pre and post-test course scores	2-5 years Understanding of which Georgia Booster Seat Laws to apply to a child as age and weight change Knowledge of how to properly adjust child safety seat for changes in age and weight of child Increase public awareness of child passenger safety as a public health issue Increase additional community partnerships within Fulton County for program support	Reduce number of unintentional injuries for children ages 14 and below in Fulton County, Georgia Decrease number of motor-vehicle related child deaths in Fulton County, Georgia Increase the number of participants using child safety seats within the first month of course completion and continuing until child exceeds limits

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